

VSH Futures Advisory Committee

October 16, 2006 2:00 – 4:30 PM

Minutes

Next meeting: November 20, 2006 2:00 to 4:30 PM Skylight, Waterbury

Present

Advisory Committee Members: Ron Smith, DOC; Jeff Rothenberg, CMC; Jack McCullough, MHLF; Sally Parrish, FAHC; Linda Corey, VPS; Kitty Gallagher, VPS/ASPSC; Michael Hartman, WCMH; Jackie Lehman, HCHC Peer Support Worker; David Fassler, VPA; Julie Tessler (for Paul Dupre), Vermont Council; Jill Olson, VAHHS; Xenia Williams, advocate; Sandy Steingard, HCHS; Ken Libertoff, VAMH; Larry Lewack, NAMI-VT.

Guests:

Nick Emlen, Vermont Council; Mike Kuhn, BGS; Sheryl Bellman, HCHS; Rep. Anne Donahue

Staff:

VDH Acting Commissioner Sharon Moffatt; AHS Deputy Secretary Steve Gold; Beth Tanzman, Judy Rosenstreich, Patti Barlow and Brian Smith, VDH/DMH.

Introductions and Updates

Sharon Moffatt updated members: (1) the Q&A for the CON application was sent to BISHCA today; (2) the MH Oversight Committee will be updated tomorrow; and (3) the search for a MH Deputy Commissioner is proceeding with reference checks and an opportunity for staff and stakeholders to meet the candidates on October 24th. Anne requested that resumes of the candidates be circulated to people attending the candidate meetings. Ken requested a list of Futures Advisory Committee members, information that is on the Website.

Crisis Beds Work Group Report

The work group distributed a PowerPoint handout, summarizing the presentation. Judy Rosenstreich, Anne Donahue, Jeff Rothenberg and Sheryl Bellman presented on behalf of the work group.

DISCUSSION

Issue of public inebriate beds was of interest. Kitty expressed concern about mixing the public inebriate program with mental health crisis beds, stating that mental health

consumers could be more traumatized by individuals in an inebriated state. Her concern also applies to VSH.

Jackie offered that people may drink to alleviate psychiatric symptoms and, in those situations, a crisis bed would better serve the person than a correctional center.

Anne reviewed that the Advisory Committee, at an earlier stage, discussed the issue of separation or co-location of forensic and mental health patients, recommending a single system even while recognizing the civil patients' concern.

Xenia advised that hospital observation beds may be most suitable for public inebriate programs due to the need for medical oversight of detoxification. She also questioned how this would work for smokers given that all hospitals except VSH have eliminated smoking. Dealing with a psychiatric crisis at the same time as smoking withdrawal would be hard.

Larry was interested in the potential for hospital diversion, commenting on the report's figures that 38% of inpatient bed days could be reduced if the system of crisis beds was expanded statewide. He also expressed support for reimbursement and incentives to create more crisis beds and to fund such expansion.

Ken reinforced the importance of keeping corrections and mental health collaboration in the forefront. Jill offered that the mental health community's call for and funding of psychiatric hospital-based observation beds needs to be addressed in order for such capacities to be created.

Housing Development Work Group Report

Ken presented recommendations of the work group, calling on Brian to contribute background on some of the issues. See the full report and summary of recommendations on the Website. Linda Corey shared that SAMHSA recently recognized two outstanding programs in Vermont designed to help people with mental illness that also are homeless: the Brattleboro PATH outreach program and Clara Martin, VPS, Safe Haven program in Randolph.

DISCUSSION

Larry remarked how important it is to have more of Vermont's vibrant not-for-profit housing development community involved in this. Linda emphasized the importance of flexible funding to support people in housing based on their needs, for instance help with housekeeping and shopping.

Focusing on the summary of recommendations, Larry suggested expanding the capital development fund proposal to include housing development beyond the community where the primary inpatient program will be located, favoring inclusion of all Vermont communities.

Jack noted that the dollar amounts in the 3-year funding proposal are not enough. The Housing Contingency Fund is used mainly for bridge funding until permanent housing is secured; it also serves as a permanent subsidy in the absence of other sources of funding. Finally, how many CRT clients have this need and for how long do they wait?

David addressed the capital development fund proposal, concurring with Larry that the preference for communities where inpatient programs will be located should be changed to open the program to all communities. He also asked the work group to consider expanding the HCF beyond the CRT population. Xenia emphasized the importance of a continuum of choices for people who are in different stages of recovery. Women's and men's shared housing at WCMH owned by the land trust are great examples of other approaches as many people do not do well living alone. Also, there are no limits on recovery, how about home ownership? Jackie shared that after being on the Section 8 waiting list for two years, her certificate came through today; however, she no longer needs it. Jackie offered that peer-run housing and peer-assisted housing both work well. Brian added that all of these housing options were designed in collaboration with the not-for-profit development sector and HUD. Linda advised that we be mindful of the importance to some consumers of being able to have a pet in their home.

Ken requested a formal recommendation from the Advisory Committee to the Secretary of Human Services regarding the Housing Workgroup recommendations.

➤ Jack moved/Michael seconded to adopt the recommendations of the Housing Work Group with two changes, as follows:

1. Increase the new resources in each of the 3 years to \$1 million in FY 08; an additional \$1 million in FY 09; and \$1million more in FY 10. Endorse the substantive language of Recommendation #1 as the work group proposed.
2. Establish a capital development fund to support expanded housing options on a statewide basis without restricting the fund to communities hosting inpatient, residential, crisis bed, or other mental health facilities.

In discussion prior to voting, Linda cautioned that we did not want to compete for dollars with low-income or elderly housing needs. Jack emphasized that we are recommending new resources that should not result in reductions for other needy populations. David equated \$1 million to the cost of three inpatient beds, suggesting that if we put \$1 million into housing, we could reduce the number of inpatient beds accordingly. Michael offered that the CRT directors were in agreement that \$1 million is more likely to make a dent in the problem than the \$500,000 proposed by the housing work group.

Voting on the motion was divided to enable members to vote on #1 funding and #2 capital development fund.

First, a 3-year funding proposal as stated in #1 above:

- 13 in favor
- 1 abstention

Second, a capital development fund that is not specifically targeted to communities hosting some type of mental health facility as stated in #2 above:

- 14 in favor
- none opposed

The motions passed.

Resume Discussion of Crisis Beds Report to Vote on Recommendations

- David moved/Michael seconded to, first, accept the report and support its priority steps and, second, to ask the work group to further develop its recommendations to specify the number of crisis beds recommended and the funding required for the emergency services system. This phase of the work will be done working with the DMH.

In discussion prior to voting, Larry clarified that diversion beds are not in-hospital beds. Anne offered that observation beds were a different concept than diversion beds. Linda suggested that the decision about where a person goes in crisis should be up to them.

A vote on the motion was taken:

- 13 in favor
- 1 abstained

The abstention reflected concern that trauma-informed care was not clearly enough detailed in the recommendations.

Community Residential Recovery Work Group

Beth referred to the work of this group on developing the residential recovery concept leading up to Second Spring in Williamstown. The group is ready to reorient its focus to Secure Residential now that the program implementation process is underway. Anne asked that the work group continue its focus on Second Spring until there is a formal replacement for public input. Michael explained that a community group was in the planning stage with a first meeting in December, and a clinical steering committee as specified in the contract was beginning discussion. A work group meeting monthly would not be able to keep pace with the planning process for the program. The Advisory Committee agreed that the Residential Recovery Work Group address Secure Residential, seek participation from the Department of Corrections, and invite interested stakeholders.

Questions about a second residential recovery program will be on the November agenda.

In closing, Beth thanked Jeff and Ken for chairing the crisis beds and housing work groups, respectively, and the staff, Judy, Brian, Patti and Cindy for their significant contributions to these work products.

The meeting adjourned at 4:30 p.m.

SUBMITTED BY: Judy Rosenstreich